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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Pee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If so name is 3 issed, no name will be printed.					
3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASS	iless an assignee is ident th in 37 CFR 3.11. Com	A TO BE PRINTED ON iffied below, no assigned pletion of this form is NO	THE PATENT (print; data will appear on of a substitute for fill (B) RESIDENCE:	the pat ag an a	ient. If an a ssìgnment.	signee is	i identified below, the	document has been file
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			printed on the patent): Individual Corporation or other private group entity Govern 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Deposit A/C 08-2025 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2025 (enclose an extra copy of this for					
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5. Change in Entity St	natus (from status indicate ms SMALL ENTITY state	tos. Sen 37 CFR 1.27.	b. Applicant is	no long	er claiming S	register	ENTITY status. See 37 ed attorney or agent; o	r the assignes or other pa
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